NMRHCA Pre-55 Retirement Age Medical Plan Monthly Premium Contributions for January 1, 2024 - December 31, 2024
(Applicable for members who retired before age 55 and retirement date is July 31, 2021 or after)

| NON-MEDICARE PLANS | Retiree Rate | Spouse Rate | Child Rate |
| :--- | :---: | :---: | :---: |
| Premier PPO (BCBS or Presbyterian) | $\mathbf{\$ 9 4 1 . 9 8}$ | $\mathbf{\$ 1 , 0 0 5 . 6 9}$ | $\mathbf{\$ 3 2 9 . 1 6}$ |
| Value Plan (BCBS or Presbyterian) | $\mathbf{\$ 7 3 5 . 8 2}$ | $\mathbf{\$ 7 8 5 . 5 4}$ | $\mathbf{\$ 2 5 6 . 6 8}$ |
| MEDICARE PLANS (Not Applicable) | Retiree Rate | Spouse Rate | Child Rate |
| BCBS Medicare Supplemental Plan | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| BCBS Medicare Advantage I | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| BCBS Medicare Advantage II | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| Humana Medicare Advantage I | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| Humana Medicare Advantage II | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| Presbyterian Medicare Advantage II | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| Presbyterian Medicare Advantage II | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| UnitedHealthcare Medicare Advantage I | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| UnitedHealthcare Medicare Advantage II | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |

## Rate Calculation Instructions

1. Select a medical plan for the retiree; enter rate from Retiree Rate column



* NOTE: This is optional coverage, and the entire cost is paid by you. Cost of insurance for all coverage's paid by you may increase or decrease in the future based upon the claims
experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a $\$ .50$ administration fee.
${ }^{* *}$ Evidence of Insurability Statement required to add or increase life insurance. The Change for Additional Life Insurance form can be found at http://www.nmrhca.org/forms.aspx/.

